

# Customer Satisfaction Survey

**Occupational Health Services of Norwalk Hospital** continuously strives to provide the best possible care to you, our customer, and we value your opinion regarding the care and attention you received. Please take a moment to complete this brief survey by circling the score which best describes your experience. All comments will be used to help us to improve our services. If an item does not apply, please leave it blank. Thank you for your help.

Date of Visit \_\_\_\_\_

	Poor	Fair	Good	Very Good	Excellent
Telephone courtesy when you called our offices (if applicable)	1	2	3	4	5
Your satisfaction with the way your appointment was scheduled	1	2	3	4	5
Courtesy and helpfulness of the reception staff	1	2	3	4	5
Waiting time before you were brought into the examination room	1	2	3	4	5
Knowledge, courtesy and professionalism of the Nurse Practitioner	1	2	3	4	5
Knowledge, courtesy, and professionalism of the Medical Assistant	1	2	3	4	5
Knowledge, courtesy and professionalism of the Physician	1	2	3	4	5
Knowledge, courtesy, and professionalism of the Physical Therapist	1	2	3	4	5
Degree in which you were treated with respect and dignity	1	2	3	4	5
Clarity of follow-up care instructions given to you	1	2	3	4	5
Convenience of parking area	1	2	3	4	5
Degree to which you perceived our office and operations to be organized	1	2	3	4	5
Degree to which you found the waiting area clean and orderly	1	2	3	4	5
Degree to which you found the treatment areas to be clean	1	2	3	4	5
Degree to which you found the office temperature comfortable	1	2	3	4	5
Likelihood of recommending Occupational Health Services to others	1	2	3	4	5
<b>Please Rate your Overall Experience</b>	1	2	3	4	5

Other Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am a Norwalk Health System employee \_\_\_\_\_NO \_\_\_\_\_YES

OPTIONAL:

\_\_\_\_\_Please contact me regarding my visit

Name \_\_\_\_\_ Phone \_\_\_\_\_